

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)							SERIAL NO. APPLICANT(S)	FILING DATE 10/088656			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11			1		1		61				
12				1		1	62				
13				1		1	63				
14				1		1	64				
15				1		1	65				
16				1		1	66				
17				1		1	67				
18				1		1	68				
19				1		1	69				
20				1		1	70				
21				1		1	71				
22				1		1	72				
23				1		1	73				
24				1		1	74				
25				1		1	75				
26				1		1	76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1		1		TOTAL IND.				
TOTAL DEP.	15		15		15		TOTAL DEP.				
TOTAL CLAIMS	16		16		16		TOTAL CLAIMS				